

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA
FORM **465**

Page 1 of 2

For Official Use Only

☐ **Amendment** (Explain Below)

Report covers period

Date Stamp

from 10/01/2014

through 10/18/2014

Date of election if applicable:
(Month, Day, Year)

11/4/14 11/06/2012

RECEIVED

OCT 24 AM 10:45

OFFICE OF
THE CITY CLERK

CITY OF NEWPORT BEACH

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

1351756

COMMITTEE/FILER'S NAME

Residents for Reform

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE H//PO BOX 26, Balboa Island 92662

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA 92705 (714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA 92705 (714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Rush Hill

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: Newport Beach

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/08/2014	GreenStripe Media 424 Old Newport Blvd Newport Beach, CA 92663	TEL	10,000.00	22,600.00
10/11/2014	Davis Barber Productions 305 N Harbor Blvd #300C Fullerton, CA 92832	TEL	100.00	22,600.00

FPPC Form 465 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 465 Page <u>2</u> of <u>2</u> I.D. NUMBER (If recipient com.) 1351756
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents for Reform

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>10,100.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>10,100.00</u>

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

County of Orange

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

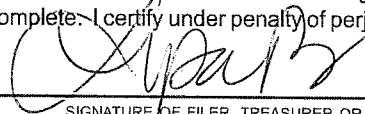
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT